

## **INFRACTION DISCOVERY**

Infraction rule 3.1(b) requires that a written demand for discovery be “**served on the office of prosecuting authority**” and “**filed with the court.**” This demand must be served “at least **fourteen days** before a contested hearing” in order to be a valid request. Upon this demand, the prosecuting authority is required to provide you within **seven** days of the hearing date “a copy of the officer’s sworn statement and with the names of any witnesses not identified in the citing officer’s sworn statement.” In order to request your discovery of the city please do the following:

**1. Mail or drop off your written demand for discovery (you may use the form below):**

Seattle City Attorney’s Office  
Attn: Infraction Project  
700 Fifth Ave., #5350  
PO Box 94667  
Seattle, WA 98124-4667

Include the following **MANDATORY** information:

- **Full name** as listed on the citation.
- **Citation number** and **Date of violation.**
- **Defendant Name**
- **Telephone number.**
- Your **address** and **email address.**

**2. Also file a copy of your request with :**

**Discovery Request File Copies**

Seattle Municipal Court  
PO Box 34987  
Seattle, WA 98124-4987  
smc-records@seattle.gov

3. It will be your responsibility to provide a **self addressed stamped envelope** or be prepared to receive your discovery at the office of the City Attorney.
4. If your notice of infraction indicates that a video was made or photos taken of the incident, you may obtain a copy of these by sending a written request for a copy to the Seattle Police Department Legal Unit, PO Box 34986, Seattle WA 98124-4986. Such requests can also be made via fax to the SPD Legal Unit at 206-386-9022 or dropped off at SPD Headquarters at 610 Fifth Ave., Seattle WA.

## **ATTORNEY INFRACTION DISCOVERY REQUEST**

**Your Name:**

**Citation Number(s):**

**Telephone Number:**

**Defendant Name:**

**Date of Violation:**

**Email Address:**

**Address:**

**I will receive my discovery in the following manner (select one):**

I am providing a self addressed stamped envelope.

I will receive my discovery via email.

I will return and receive my discovery in person when contacted to do so. I agree that the date of contact by the City will constitute the date of receipt. I understand that discovery pick-up is available only at the SMT 53<sup>rd</sup> floor office.

**Attorney Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Please print legibly to facilitate your request as quickly as possible.)